



Massachusetts Department of Public Health

Prescription Monitoring Program

Pharmacy Discussion Document; February 2016

MA DPH has selected Appriss as the vendor for the new PMP solution. The Appriss solution provides both a new data collection tool (PMP Clearinghouse) and a new online PMP tool (Massachusetts Prescription Awareness Tool (MassPAT)). This document highlights what pharmacies need to know for the implementation of the new system. For more information, please visit: www.mass.gov/dph/dcp/pmp

The unique role pharmacists play: input & output

Input: Data reporting

- Required to send Sch. II-V dispensation data of to the PMP daily.
- Required to submit data per the Massachusetts Dispensation Guide specifications
 - The Dispensation Guide that becomes effective May 31, 2016 is available online at www.mass.gov/dph/dcp/pmp
 - Data collection transfers from Atlantic Associates to Appriss' PMP Clearinghouse on May 31, 2016

Output: Prescriptive history tool

- Easily navigable tool to aid decision making
- Rolling 12 months of prescriptive history
- Prescriptive history of other states
- Timely data (24 hr.)
- Enhanced search
- Simplified log in process



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PMP AWARE™
123 Main St.
Louisville, KY 40299
(502)555-1234

Home Data RxSearch Insight Admin Settings User Profile Help PMP AWARE

RxSearch Patient Request Requests History Requests Processing MyRx

Patient Report [Refine search](#)

Report Prepared: 03/06/2015 Date Range: 03/06/2012-03/06/2015 [PDF](#) [CSV](#) ← Can export report

Can choose to see both reports or just one →

▼ **John Smith** DOB: 1993-02-03 Gender: Male 591 Freeda Crescent, Boston MA 02110

▼ **Johnny Smith** DOB: 2000-01-01 Gender: Male 123 Main Street Apt 2B, Newton MA 02458

▼ **Prescriptions**

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	Paid With
01/21/2013	1	09/15/2012	Compounded Drug Product	10	13	Deckow, Turner T	MZ2302975953	Wilkinson, Kreiger and Bins (6406)	2	
07/14/2012	1	07/13/2012	Compounded Drug Product	40	1	Tremblay, Rylee	KO2454611980	Mosciski Group (5778)	1	Patient Paid
05/03/2012	1	01/14/2013		15	68	Blick, Vivian	RL8925302704	Torp, Lockman and Grant (6406)	0	Medicare

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

Columns are sortable ←

▼ **Prescribers**

Name	Address	City	State	Zip	Phone
Blick, Vivian	259 WEST MAIN ST.,	BATAVIA	NY	14020	
Deckow, Turner T	JOINT REPLACEMENT INSTITUTE 2200 W. THIRD ST, SUITE 400	LOS ANGELES	CA	90057	
Tremblay, Rylee	1472 DEKALB AVE	BROOKLYN	NY	11237	

When searching with other state records →

▼ **Dispensers**

Pharmacy	Address	City	State	Zip	Phone
Mosciski Group (5778)	74938 Virginia Street	Cartwrightview	AL	81953	755-786-3363
Torp, Lockman and Grant (6406)	4988 Dietrich Hollow	Port Euna	SD	82694	136-016-3395
Wilkinson, Kreiger and Bins (6406)	49308 Xander Coves	Shanahanborough	WI	86685	666-183-4752

Above is a demonstration screen shot of a patient report in the MassPAT system. The patient report has a strong patient matching algorithm, but if a search returns multiple patients, the user can elect to see one or both records at once. There are summary statistics for each patient (name, DOB, gender, address, number of prescribers, number of pharmacist, and morphine milligram equivalence). The patient report has 3 sections: prescriptions, prescribers, and dispensers. Within each section the columns are sortable. If the user has elected to search, out-of-state data, the data appears within the same report.



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Pharmacies are required to...

- Submit Sch. II-V prescription data daily or next business day
- Submit data per the Massachusetts Dispensation Guide specifications (effective 5/31/16): www.mass.gov/dph/dcp/pmp
- Please see 105cmr700.012 for more information: <http://www.mass.gov/courts/docs/lawlib/104-105cmr/105cmr700.pdf>

Pharmacies will...

- Stop submitting data to Atlantic Associates on May 31 and instead submit data to Appriss' PMP Clearinghouse
- Need to submit all outstanding data corrections to Atlantic Associates by May 31
- Need to create an account with PMP Clearinghouse (begins Mar 1): <https://pmpclearinghouse.net/registrations/new>
- Need to determine submission method. Options:
 - Automatic Upload
 - Secure File Transfer Protocol (SFTP)
 - Manual File Upload
 - Universal Claim Form (UCF)
 - File Upload

Data Submission Options Explained

This section discusses the different options available to a user to submit controlled substance reporting data file(s) to PMP Clearinghouse. Users have the options of using 1) a SFTP account, 2) a web portal upload page, 3) using a manual entry UCF (Universal Claims Form) page or 4) submitting a zero report.

For more detailed information on data submission options, please see the Dispensation Guide: www.mass.gov/dph/dcp/pmp



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Data Submission Option 1: sFTP

- User creates sFTP account from within their Clearinghouse account
- User's pharmacy software is configured with the sFTP credentials and setup on a schedule to send the controlled substance reports
- Username = store978555555@prodpmpsfpt
- Password = xxxxxxxxxxxx
- Hostname = sftp.pmpclearinghouse.net
- Upload path = homedir/MA

Data Submission Options 2: UFC

- Manual Entry is an option for data submitters to enter their prescription information into the PMP Clearinghouse system using a form derived from the Universal Claims Form. It allows the entry of patient, prescriber, pharmacy, and prescription information.

The screenshot shows the 'Create Universal Claim Form' interface within the PMP Clearinghouse. The form is organized into several sections:

- PMP:** A dropdown menu labeled 'Select a PMP'.
- Patient:** This section is divided into three columns:
 - Patient Info:** Includes fields for First Name, Last Name, Date of Birth (with a date picker), Gender (dropdown), and Phone Number.
 - Patient ID:** Includes fields for Identity Type (dropdown), Identity Value, Jurisdiction (dropdown), and Relationship (dropdown).
 - Patient Address:** Includes fields for Address, Apartment or Suite, City, State/Province (dropdown), and Postal Code.
- Pharmacy:** Includes fields for Name, Address, City, State (dropdown), Postal Code, Phone Number, and Identifier Value (with a search icon).

Screen shot of the UCF. Users first selects the state, enters patient information, and then enters pharmacy information.



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Data Submission Options 3: File Upload

- User uploads controlled substance report
- Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20110415.dat”.

PMP Clearinghouse File Submissions UCF Submissions Zero Reports File Upload Account My Profile Help

File Listings / File Upload

Submission Upload SUBMIT NEW FILE FOR CONSOLIDATION

Use this screen to submit files to the PMP System

How to Upload Your Files

1. Click the "Browse" button to select a file on your local computer
2. Click the "Upload" button to begin the uploading process
3. A confirmation message appears when the upload is finished

Select PMP
Select a PMP: ▾

File Upload: Browse

Upload

Screen shot of file upload. User selects the state, attaches the file, and hits “upload”.



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Zero Reports

If you have no dispensations to report, you must submit a Zero Report. Zero reports can be submitted by 1) navigating to Zero Reports in the menu bar or 2) submitting via sFTP using the ASAP Standard for Zero Reports.

Screenshot of the Zero Report screen in PMP Clearinghouse.



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Key changes to the Dispensation Guide

Legend for new requirements:

- R = Required submission by Massachusetts
- O = Optional submission, please submit if available.
- C = Conditional submission, please refer to notes.

Element ID	Element Name	New (Appriss)	Notes	Current (Atlantic)
IS03	Message Free-form text message.	O		R
PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	O		R
PHA05	Address Information – 1 Freeform text for address information.	C	PHA05 – 07 Required if the DEA in PHA02 cannot be verified in DEA database.	NR
PHA06	Address Information – 2 Freeform text for address information.	C		NR
PHA07	City Address Freeform text for city name.	C		NR
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	C	If the pharmacy has multiple locations, please submit the chain site ID (location ID).	NR
PAT09	Middle Name Patient's middle name or initial if available.	O		R



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PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	O		R
PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	O		R
PAT13	Address Information – 2 Free-form text for additional address information.	O		R
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	R		NR
PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	C	If the patient is not a U.S. Resident, please submit.	R
PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	C	If the patient, is an animal, please submit.	NR
DSP18	RxNorm Code Qualifier RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none">01 Sematic Clinical Drug (SCD)	C	If DSP12 = 05 (electronic), then DSP18 -21 are Required.	R



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	<ul style="list-style-type: none"> • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 			
DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	C		R
DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	C		R
DSP21	Electronic Prescription Order Number This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	C		R
PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	O		R
PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	C	If the DEA a prescriber uses (e.g. resident or intern) is a hospital facility ID, submit the DEA suffix.	R
CDI01	Compound Drug Ingredient Sequence Number	C	If DSP07 = 06 (compound), then	



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	First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.		all elements of CDI segment are Required.	
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC	C		
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	C		
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. <ul style="list-style-type: none">Example: 2.5	C		
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none">01 Each (used to report as package)02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)	C		
AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	C	This is required if AIR02 is used.	NR



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AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	C	For exceptions to AIR03, AIR04, & AIR05 please see Appendix A in the Dispensation Guide	R
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 04 Permanent Resident Card (Green Card) • 06 Driver's License ID • 08 Tribal ID • 99 Other (agreed upon ID) 	C		R
AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	C		R
AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	C	If the patient is the customer, please submit AIR 07-AIR08.	
AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	C		

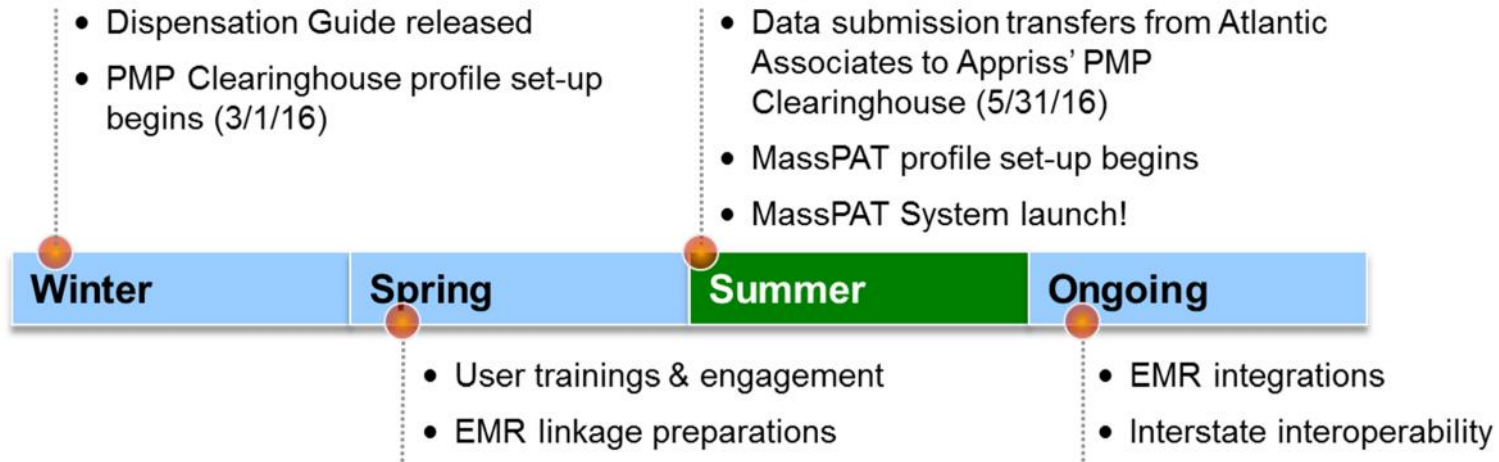


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New System Implementation Timeline



Winter:

- Dispensation Guide released
- PMP Clearinghouse profile set-up begins (3/1/16)

Spring:

- User trainings & engagement
- EMR linkage preparations

Summer:

- Data submission transfers from Atlantic Associates to Appriss' PMP Clearinghouse (5/31/16)
- MassPAT profile set-up begins
- MassPAT System launch!

Ongoing:

- EMR integrations
- Interstate interoperability



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Questions, comments?

Please email Alison Rogers at arogers@ripplesgroup.com

Highlights:

- Continue submitting data to Atlantic Associates until May 31, 2016
- Begin submitting data to PMP Clearinghouse May 31, 2016
- Register with Appriss' PMP Clearinghouse starting March 1, 2016
- For more information, including accessing the Dispensation Guide, please visit: www.mass.gov/dph/dcp/pmp